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27476 7590 11/25/2003

Chiron Corporation
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Esperanza C. Licad	(Depositor's name)
<i>Esperanza C. Licad</i>	(Signature)
February 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/001,039	12/30/1997	DOUGLAS J. JOLLY	1155.005	6098

TITLE OF INVENTION: METHODS FOR ADMINISTRATION OF RECOMBINANT GENE DELIVERY VEHICLES FOR TREATMENT OF HEMOPHILIA AND OTHER DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUZO, DAVID	1636	435-320100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Louis C. Cullman
 2 Alisa A. Harbin
 3 Robert P. Blackburn

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiron Corporation

Emeryville, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature)

(Date)

Alisa A. Harbin, Reg. No. 33,895

2/25/04

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